



Supplemental Application Data Sheet

Application Information

Application Type::	Regular
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD disks::	
Number of Copies of CDs::	
Sequence Submission?::	None
Computer Readable Form (CRF)::	No
Number of copies of CRF::	0
Title::	A DEVICE FOR DETERMINING THE POSITION AND/OR ORIENTATION OF A CREATURE RELATIVE TO AN ENVIRONMENT
Attorney Docket Number::	1504-1033
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	9
Small Entity?::	Yes
Latin Name::	
Variety Denomination Name::	
Petition Included?::	No
Petition Type::	
Licensed US Gov't Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent	No
Appl.?::	

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: SWEDEN
Status:: Full Capacity
Given Name:: JAN
Middle Name:: G.
Family Name:: FAGER
City of Residence:: VASTERAS
State or Province of
Residence::
Country of Residence:: SWEDEN
Street of Mailing Address:: FAGELPILSGATAN 6

City of Mailing Address:: VASTERAS
State or Province of Mailing Address::
Country of Mailing Address:: SWEDEN
Postal or Zip Code of Mailing Address:: S-723 53

Applicant Authority Type:: Inventor
Primary Citizenship Country:: SWEDEN
Status:: Full Capacity
Given Name:: KLAS
Middle Name::
Family Name:: JACOBSON
City of Residence:: VASTERAS
State or Province of
Residence::
Country of Residence:: SWEDEN
Street of Mailing Address:: INFANTERIGATAN 134

City of Mailing Address:: VASTERAS
State or Province of Mailing Address::
Country of Mailing Address:: SWEDEN

Postal or Zip Code of Mailing Address:: S-723 50

Applicant Authority Type:: Inventor
Primary Citizenship Country:: GREAT BRITAIN
Status:: Full Capacity
Given Name:: MONICA
Middle Name::
Family Name:: SCHOFIELD
City of Residence:: BAD OLDERSLOE
State or Province of
Residence::
Country of Residence:: GERMANY
Street of Mailing Address:: AM HOHENKAMP 57

City of Mailing Address:: ~~BAD OLDERSLOE~~ BAD OLDESLOE
State or Province of Mailing Address::
Country of Mailing Address:: GERMANY
Postal or Zip Code of Mailing Address:: ~~28863~~ 23843

Correspondence Information

Correspondence Customer 000466
Number::

Representative Information

Representative Customer Number::	000466
-------------------------------------	--------

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	Continuation of	PCT/SE02/00969	5/21/02

Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::
SWEDEN	0101781-3	5/18/01	Yes

Assignment Information

Assignee Name::

Street of Mailing Address::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::